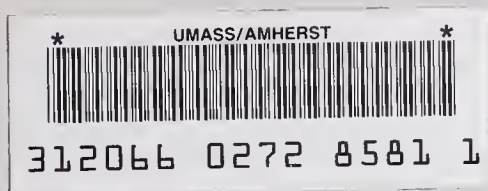


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HOMELESSNESS IN MASSACHUSETTS

ARE STATE-FUNDED RESOURCES AND SERVICES
ALLOCATED AND COORDINATED EFFECTIVELY?

December 20, 1999

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December 20, 1999

This report was prepared by the Homelessness Policy Research Team of the Massachusetts Fiscal Affairs Division. It was designed to generate both discussion and debate among all interested practitioners and policy-makers, and ultimately lead to the formulation and implementation of policies that effectively address the problem of homelessness in the Commonwealth.

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APPENDIX A: Massachusetts Services for the Homeless: Fiscal Year 1999

APPENDIX B: List of Interviewees



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EXECUTIVE SUMMARY

Massachusetts government agencies receive approximately \$123 million in state funding to provide services to people who are homeless or at risk of becoming homeless. As the state continues to increase homeless shelter capacity across the Commonwealth and provides significant levels of state funding to address the problem of homelessness, the number of citizens seeking emergency shelter services appears to be rising. Shelter providers report a growing number of people receiving emergency shelter, families living with relatives or friends, and people living on the streets.

Issues related to homelessness in Massachusetts are often perplexing, particularly because the Commonwealth dedicates considerable resources to address the problem of homelessness. Evidence suggests that the Commonwealth spends significantly more on homelessness services than most other states. Despite a significant level of commitment, Massachusetts continues to have a persistent population of homeless individuals and families. Concerned about these issues, a policy research team from the Massachusetts Fiscal Affairs Division set out to answer the following questions:

1. Are state-funded resources and services allocated and coordinated effectively?
2. Are there specific areas within state government where increased coordination or consolidation of administrative functions and/or reallocation of fiscal resources will result in significant improvements in service?

Five Key Themes

After conducting extensive interviews with representatives from Massachusetts government agencies, advocacy organizations, private service providers, and government officials in other states, the authors of this report concluded that there are five primary findings or “themes” that relate to the allocation of state-funded resources for homelessness services:

- I. A shortage of affordable housing is putting pressure on the family shelter system;
- II. For individuals, insufficient discharge planning and a shortage of transitional programs contribute to chronic homelessness;
- III. There is a lack of coordinated policy planning at the state level to address homelessness;
- IV. Lack of data on people who use homelessness services is a significant obstacle to effective service planning; and
- V. Massachusetts invests considerably more state resources in homelessness services than most other states.

Recommendations

Consistent with each of the five key themes, the policy research team offers five primary recommendations. For each recommendation listed below, the authors have suggested immediate action steps and further research (indicated in *Italics*).

It is the team's intention that its findings and recommendations generate both discussion and debate among all interested practitioners and policy-makers, and ultimately lead to the formulation and implementation of policies that effectively address the problem of homelessness in the Commonwealth.

- I. Focus on Homelessness Prevention and Housing Search, Rather than on Increasing Shelter Capacity.
 1. Explore funding options for expanding the income eligibility requirement to 130% of the federal poverty level for cash benefits that help families retain their housing.
 2. Train Department of Transitional Assistance caseworkers on how to identify their clients' potential housing issues and problems early. This will enable the Department to refer clients to housing search services and housing retention services before it is too late to prevent homelessness.
 3. *Assess the benefits of shifting the focus of the Homeless Intercept Program, managed by the Department of Housing and Community Development, away from housing search services and more toward services that help families keep their housing.*
 4. *Identify, examine, and address any problems within the Commonwealth's current delivery system for housing search services.*
 5. *Investigate ways to expand the supply of affordable housing.*
- II. Focus on Preventing State Agencies from Discharging People Inappropriately into Emergency Shelters.
 1. Complete a joint report by the Departments of Social Services, Youth Services, Correction, Mental Health, Public Health, and the county correctional facilities that investigates and proposes ways to improve discharge planning for those individuals at high risk of becoming homeless.
 2. Initiate efforts at the Division of Medical Assistance (DMA) to enroll more adults and juveniles in MassHealth as they leave state custody.
 3. *Conduct research at the Departments of Social Services, Youth Services, Correction, Mental Health, Public Health, Transitional Assistance, Veterans' Services, and the county correctional facilities to identify and evaluate options for shifting resources from existing programs into transitional programs.*

4. *Examine the feasibility of shifting resources by maintaining emergency shelter services for only those with short-term needs and establishing a supportive housing program for individuals with long-term needs.*

III. Establish an Interagency Committee or Task Force on Homelessness, Chaired by the Executive Office for Administration and Finance.

The committee or task force could take action on the issues and recommendations summarized in this report, including the coordination problems listed below:

1. Coordination of services to people who have been dually diagnosed with mental illness and substance abuse;
2. Coordination of services to victims of domestic violence;
3. Early referral of Department of Transitional Assistance clients to housing search and housing retention services;
4. MassHealth enrollment of people within the custody of the county correctional facilities and the Departments of Correction, Social Services, and Youth Services as they exit state custody.
5. Improvement of discharge planning by state agencies.

IV. Support the On-Going Development of the Automated National Client-Specific Homeless Services Recording System (ANCHoR)¹. Support Participation in these Efforts by all Relevant Agencies.

To facilitate the effective and accurate collection of quantitative data so that policy-makers can make informed decisions about the allocation of its resources:

1. Continue to support state funding of ANCHoR.
2. Ensure that all appropriate agencies participate in the ANCHoR project.
3. Appoint members of the ANCHoR steering committee from all state agencies that participate in the ANCHoR project.
4. Ensure that an interagency committee or task force on homelessness has input on the data that ANCHoR collects and the reports that are produced.

¹ ANCHoR is a management information system designed to collect data from the Commonwealth's homeless shelters. It is important to note that the authors' recommendations are intended to reflect support for any effective information system that can capture useful and accurate data from homeless shelters, rather than exclusive support for any specific system or software.

5. *Consider including other agencies that serve at-risk populations, such as the county correctional facilities and the Departments of Correction, Youth Services, and Social Services, as participants in the ANCHoR project.*

V. Given its Relatively High Level of Spending on Services Targeted to Homeless People, Massachusetts should Focus its Resources on Homelessness Prevention Rather than on the Expansion of Shelter Capacity.

1. Focus on doing more with the current level of resources. Do not rely on additional emergency shelter capacity to solve the problem over the long term. Instead, focus on a) programs that prevent individuals and families from becoming homeless; and b) programs that help people move from homelessness to permanent housing.

The Commonwealth invests in a number of successful programs that prevent homelessness; however, most of the state's resources fund the state's emergency shelter system rather than homelessness prevention. The result is a persistent homelessness problem despite significant spending, indicating that some resources should be shifted from emergency shelter and capacity-building activities to efforts that are more likely to lead to long-term solutions to homelessness.

2. Ensure that advocates and the public are aware that Massachusetts invests considerably more in homelessness services than other states.
3. *Conduct further research to effectively compare Massachusetts's level of spending on homelessness services with spending levels in other states.*
4. *Gather more information from other states about innovative solutions to the problem of homelessness, and determine the feasibility of adopting similar initiatives in the Commonwealth.*

INTRODUCTION

In Fiscal Year 1999, the Commonwealth distributed about \$123 million in state funding to agencies that provide services to people who are homeless or at risk of becoming homeless (see Appendix A)². About two-thirds, or \$82 million, of that funding was provided to the Department of Transitional Assistance (DTA)³. The remaining \$41 million was distributed to four agencies: the Departments of Public Health, Mental Health, Social Services, and Veterans' Services.

Over 80% of the homelessness dollars managed by the Department of Transitional Assistance funds the Department's \$69.4 million emergency shelter system. Specifically, the Department manages funding for 2,600 emergency shelter beds for homeless individuals and 875 rooms for homeless families. The Department's remaining \$12.4 million is used to help prevent homelessness by providing families with one-time payments to cover unpaid rent obligations.

Through its emergency shelter system, the Department of Transitional Assistance provides shelter to people who have become homeless for a variety of reasons. Some of those reasons include substance abuse problems, mental illness, domestic violence, recent release from jail, prison, or another institutional setting, and an inability to pay rent due to a personal or family crisis. Similarly, the Departments of Public Health, Mental Health, Social Services, and Veterans' Services all provide services specifically targeted for the homeless; however, unlike DTA, these agencies provide specialized services that are tailored to address specific types of problems.

Shelter providers report a growing number of people receiving emergency shelter, families living with relatives or friends, and people living on the streets. Despite recent increases in emergency shelter capacity and the significant level of funding that Massachusetts dedicates to the problem of homelessness, DTA's shelter system is filled almost to capacity. In Fiscal Year 1999, individual shelters reported an average annual vacancy rate of 3%, and family shelters reported nightly vacancy rates of 2% or less. This represents a drop from vacancy rates experienced prior to Fiscal Year 1998 when shelter capacity levels were lower⁴.

Concerned about persistent homelessness in the Commonwealth and the significant level of resources spent on such services, a policy research team from the Massachusetts Fiscal Affairs Division set out to answer the following questions:

² State appropriations totaling \$123 million include \$30 million in funding from the federal Temporary Assistance for Needy Families (TANF) block grant.

³ In Fiscal Year 1999, about \$4.6 million of DTA's \$82 million state appropriation for homelessness services was distributed to the Department of Housing and Community Development (DHCD). With this funding, DHCD provides services that help prevent homelessness, including programs to help people retain their housing or move into new permanent housing.

⁴ In Fiscal Year 1997, the average annual vacancy rate for individual shelters was 5%, and the nightly vacancy rates for family shelters were typically at rates between 5% and 7%.

1. Are state-funded resources and services allocated and coordinated effectively?
2. Are there specific areas within state government where increased coordination or consolidation of administrative functions and/or reallocation of fiscal resources will result in significant improvements in service?

The following report includes the team's research findings, recommendations, and suggested next steps, all of which were gleaned from interviews with representatives from Massachusetts government agencies, advocacy organizations, private service providers, and government officials in other states (see Appendix B for a list of interviewees).

The authors intend that their research findings and recommendations serve as a catalyst for discussion among practitioners and policy-makers throughout the Commonwealth. The authors also hope that this report will serve as a platform for further research to be conducted by an interagency task force or committee on homelessness to be established by the Executive Office for Administration and Finance.

HOW MANY PEOPLE ARE HOMELESS IN MASSACHUSETTS?

Due to the lack of consistent and reliable data about homelessness in Massachusetts, an actual count of homeless families and individuals is virtually unknown. While discussing the problem of homelessness, advocates and others often cite statistics from a 1998 study by the University of Massachusetts. In the University's report, entitled "A Profile of Housing in Massachusetts," the authors estimated that, from 1990 to 1997, the number of homeless families increased by over 100 percent to approximately 10,000 and the number of homeless individuals increased by 70 percent to approximately 22,000⁵. While recently calculating estimates of the number of homeless individuals in Massachusetts, Dennis Culhane, a researcher at the University of Pennsylvania, concluded that Massachusetts will provide shelter to approximately 26,400 homeless individuals during 1999⁶. This estimate assumes total individual shelter capacity of 4,000 beds, of which 2,400 are in Greater Boston and 1,600 are outside Greater Boston.

Although the estimates above may be accurate, estimates of the number of homeless families and individuals in Massachusetts are often difficult to rely on for numerous reasons, including: 1) the shelter system's tendency to double-count individuals and families as they enter and re-enter a shelter, and/or move from one shelter to another; 2) the lack of standard and consistent definitions of the words

⁵ These estimates include families and individuals who received any federally, state, or privately-funded short-term or long-term emergency shelter or transitional housing at any time within the year. The estimates also include those who requested emergency shelter but did not receive it and those living on the streets.

⁶ Culhane, Dennis. Center for Mental Health Policy and Services Research, University of Pennsylvania. This estimate assumes a turnover of 5 individuals per bed per year in Greater Boston (i.e., 2.4 months average length of stay); and a turnover of 9 individuals per bed per year outside Greater Boston (i.e., 1.3 months average length of stay), 10/99.

“homeless” and “shelter” among advocates and researchers; 3) the lack of reliable data on individual shelter lengths of stay; and 4) the difficulty in effectively estimating the number of homeless people who are living on the streets.

WHO ARE THE HOMELESS IN MASSACHUSETTS?

The causes that lead to homelessness are complex, multi-faceted, and typically rooted in a combination of factors, including poverty, substance abuse, mental illness, and domestic violence. On March 19, 1997, a research team from the McCormack Institute of Public Affairs conducted a survey with 338 homeless individuals and 94 families sheltered or served by 22 of 40 shelter programs in the City of Boston⁷. The facts below, taken from the Institute’s more comprehensive findings, provide a “snapshot” of the people who spent the night in a Boston shelter in March 1997:

Homeless Individuals

- 80% were male; their average age was 42 years; nearly half were white; 23% had not finished high school;
- 50% were struggling with substance abuse difficulties;
- 57% had lived in at least one institutional setting within the prior 12 months, such as a hospital, mental health facility, jail, detoxification (detox) center, or halfway house;
- 22% had recently lived in a criminal justice setting; and
- Domestic violence was, or had been, present in the lives of half of the 52 women surveyed.

Homeless Families

- 87% were single mothers accompanied by one to three children; 81% were under 35 years old; 55% were black; 42% had not finished high school;
- 53% had been living with friends or extended family prior to entry into the shelter system; 73% had lived with a friend or relative within the past 12 months;
- Domestic violence was, or had been, present in the lives of 40% of the women surveyed;
- About 13% of the homeless parents recently lived in a criminal justice setting; and

⁷ Friedman, et al, “A Snapshot of Individuals and Families Accessing Boston’s Emergency Homeless Shelters, 1997,” John W. McCormack Institute of Public Affairs at University of Massachusetts, Boston, 8/15/97, p.31.

- 64% of the children in the shelters were under six years old.

FIVE KEY THEMES

After conducting extensive interviews with government officials, service providers, and advocates, the homelessness policy research team of the Massachusetts Fiscal Affairs Division concluded that there are five key “themes” that relate to the allocation of state-funded resources for homelessness services. Those themes, which are listed below, are explained and addressed throughout the remainder of this report.

- I. A shortage of affordable housing is putting pressure on the family shelter system.
- II. For individuals, insufficient discharge planning and a shortage of transitional programs contribute to chronic homelessness.
- III. There is a lack of coordinated policy planning at the state level to address homelessness.
- IV. Lack of data on people who use homelessness services is a significant obstacle to effective service planning.
- V. Massachusetts invests considerably more state resources in homelessness services than most other states.

I. A SHORTAGE OF AFFORDABLE HOUSING IS PUTTING PRESSURE ON THE FAMILY SHELTER SYSTEM⁸

While there are other problems associated with family homelessness, such as domestic violence, the basic problem for families is that housing costs in several parts of the Commonwealth have risen dramatically in recent years.

Families are staying longer in emergency shelters, putting pressure on the family shelter system. The average nightly vacancy rate in the family shelter system has declined recently, even as the Department of Transitional Assistance has increased capacity. The nightly vacancy rate has been at 2% or less since June 1998. In the two prior years, even though shelter capacity levels were lower, the vacancy rate was typically higher at rates between 5% and 7%. The Department of Transitional Assistance increased family shelter capacity by 7% between June 1998 and June 1999, from 816 to 875 slots. According to the Department of Transitional Assistance, the problem is not that more income-eligible families are applying for shelter, but that families are staying longer in shelters. Applications by eligible families have remained steady at about 2,000 per year for at least the last three

⁸ The lack of affordable housing is also putting pressure on the individual shelter system. Later in this section, the policy research team recommends further research to address this problem.

years,⁹ but the average length of stay has increased from 3.7 months in Fiscal Year 1996 to 4.4 months in Fiscal Year 1999.¹⁰

The shortage of affordable housing is widely cited as the main reason for longer lengths of stay in the family shelters. The Department of Transitional Assistance, advocates, and vendors all agree that rising housing prices are keeping families in shelters longer. They say that the end of rent control in Boston and the strong economy have pushed up housing costs dramatically in the last couple of years – in the Boston area especially – and that the rental subsidies provided by federal Section 8 vouchers have not kept up with this housing inflation¹¹. A few studies have tried to quantify the issue. A 1997 survey of shelters by the University of Massachusetts found that 53% of families came directly from the homes of friends or relatives, and only 15% from their own apartments.¹² According to a 1998 study by the University of Massachusetts, the number of “shelter poor” renters in the Commonwealth increased by 18% between 1990 and 1996, from 206,000 to 243,000 (the “shelter poverty” scale considers family size, income, and the proportion of income spent on housing), and the number of evictions for non-payment of rent increased from about 5,000 in 1993 to 7,000 in 1997.¹³

The Massachusetts legislature and the Governor have approved expansion of shelter eligibility and capacity as a way to alleviate the pressure on the family shelter system. Solutions to overcrowded shelters can focus on the “front door” (preventing homelessness), on the “back door” (moving families from shelters to permanent housing), or on shelter capacity itself. The Fiscal Year 2000 budget raises the income ceiling for family shelter eligibility from about 90% to 130% of the federal poverty level, and includes \$4.5 million for additional shelter capacity¹⁴. The goal is to provide additional shelter for working, low-income families who are priced out of the housing market. The Department of Transitional Assistance believes that additional capacity will simply encourage more families who are now living doubled-up with relatives or friends to apply for emergency shelter, thus

⁹ The Department of Transitional Assistance does not keep records on applications, but it does keep records on new entrances to shelters. Since all eligible applicants are guaranteed entrance to a shelter, the number of new entrances in a year should equal the number of eligible applicants. The number of new entrances has been about 2,000 per year for the last three years.

¹⁰ This statistic is for the congregate and scattered-site shelters, which make up the majority of slots funded by the Department of Transitional Assistance. Congregate shelters typically house eight or nine families, and provide social service referrals and housing search. Scattered-site shelters are individual apartments where off-site workers provide residents with housing search and case management services.

¹¹ According to the Department of Transitional Assistance, approximately 19% of the families in family shelters currently have Section 8 vouchers.

¹² Friedman, et al, “A Snapshot of Individuals and Families Accessing Boston’s Emergency Homeless Shelters, 1997,” John W. McCormack Institute of Public Affairs at University of Massachusetts, Boston, 8/15/97, p.31.

¹³ Klenakis, John, et al, “A Profile of Housing in Massachusetts,” University of Massachusetts, Boston, 12/98, pp.16-19.

¹⁴ The federal poverty level for a family of three is approximately \$14,000 per year. The eligibility income ceiling for a family of three was about \$12,600 per year, or about 90% of the federal poverty level. It is now 130% of the federal poverty level, or approximately \$18,000 per year for a family of three.

worsening the strain on the shelter system rather than addressing the permanent housing needs of those families.

The emergency shelter system is already at its breaking point in terms of capacity, in part because of the shortage of inexpensive housing that can be transformed into shelter. This year, and in Fiscal Year 1999, some families had to be placed in hotels, which can be expensive but provide no social services. With the expansion of shelter eligibility, many families may be placed in hotels indefinitely as providers try to develop new shelter slots. There is an ongoing debate between the Department of Transitional Assistance, family shelter providers, and others as to how the Commonwealth should address the potentially significant shortage of family shelter capacity.

To handle the overflow of homeless families, there are at least two options being considered. The Department of Transitional Assistance has proposed that it place families in hotels and motels for a temporary, but indefinite, period of time while providers try to find locations for new congregate shelters - a difficult task due to the tight housing market. Congregate shelters typically house about eight or nine families and provide social service referrals and housing search services. Alternatively, family shelter providers propose that families be placed in hotels and motels for a very short period of time, if at all. In the meantime, providers would find scattered-site shelters for the families. Scattered site shelters are individual apartments with no on-site services, however, off-site workers provide residents with housing search and case management services. Providers have already identified numerous available scattered-site slots.

The Department of Transitional Assistance prefers that families be placed in congregate rather than scattered-site shelters. The Department believes that because scattered-site shelters are more pleasant than congregate shelters, families are more likely to stay longer. In addition, the Department states that the on-site case management services and close monitoring of family situations at congregate shelters tend to help residents transition to permanent housing faster. However, many family shelter providers believe that the appropriate action would be to house families in scattered-site shelters. They argue that the tight housing market will make it virtually impossible to develop new congregate shelters within a reasonable timeframe, leaving families to languish in hotel and motel rooms that lack refrigerators and stoves, and are often inaccessible to public transportation.

Services to keep families in their housing have been reduced. The Homeless Intercept Program is funded by the Department of Transitional Assistance but managed by the Department of Housing and Community Development. Homeless Intercept Program providers try to prevent families from losing their housing through landlord/tenant mediation and budgeting assistance. They also help families at-risk of homelessness, and families already in shelters, find new, affordable permanent housing. In Fiscal Year 1998, the Homeless Intercept Program served 9,939 families, maintaining the tenancy of 11% and placing 30% in alternative permanent housing through housing search. In 1995, in an effort to move clients placed in hotels and motels into permanent housing, the Department of Transitional Assistance changed its contract with the Department of Housing and Community

Development to require Homeless Intercept Program providers to focus more on housing search than on keeping families in their own housing. In Fiscal Year 1999, this contract designated \$4.3 million for housing search and only \$285,000 for services to keep families in their housing.¹⁵ The Department of Housing and Community Development and its Homeless Intercept Program providers believe that the shortage of affordable housing has made housing search less effective, and that more attention should be paid to keeping families in their own housing.

Families often receive services from the Homeless Intercept Program when it is already too late. Families receive Homeless Intercept Program services after referral from their Department of Transitional Assistance caseworker or after learning about the program at a social service agency that provides Homeless Intercept Program services. The Department of Housing and Community Development and the Department of Transitional Assistance agree that too often families gain access to Homeless Intercept Program services as a last resort, usually when their eviction is imminent. Many families probably do not seek Homeless Intercept Program services until they are in desperate need of housing. However, the Department of Housing and Community Development and many shelter providers argue that Department of Transitional Assistance caseworkers do not identify families' potential housing problems early enough to refer them to Homeless Intercept Program services in a timely fashion. The Department of Housing and Community Development has requested that the Department of Transitional Assistance train its caseworkers to be sensitive to housing issues as well as employment issues, so they can refer their clients to Homeless Intercept Program services as early as possible.

Emergency Assistance benefits to keep families in permanent housing have been reduced. The Rent Arrearages component of the Department of Transitional Assistance's Emergency Assistance program provides cash benefits to help families retain their housing. In Fiscal Year 1999, the Department of Transitional Assistance provided 9,795 families with average lump sum payments for back rent of \$1,094¹⁶. Prior to Fiscal Year 1995, the Department of Transitional Assistance funded a broader range of needs, including advance rent, security deposits, utility/fuel arrearages, and mortgage arrearages. Payments made to families for back rent have declined from a total of \$13.7 million in Fiscal Year 1995 to \$10.7 million in Fiscal Year 1999. Advocates and shelter providers argue that the reduced services and a lack of outreach by Department of Transitional Assistance caseworkers about the benefits have exacerbated the homelessness problem. The Department of Transitional Assistance argues that the availability of benefits on an annual basis encourages families to alter their spending habits to the point of becoming much more dependent on the rental benefits than may be necessary. It is difficult to determine exactly how many additional families could retain their housing if they received rent arrearage payments. One indication that the program is

¹⁵ Of the \$4.3 million tabbed for housing search, about \$660,000 is for families already in shelters and \$3.7 million is for recipients of Transitional Assistance to Families with Dependent Children who are still in their own housing.

¹⁶ For the first time since Fiscal Year 1994, in Fiscal Year 1999, the Department of Transitional Assistance also provided advance rent payments averaging \$414 for 290 families in shelters. These payments were funded with \$120,000 from the Department's Transitional Assistance for Families with Dependent Children benefits account.

successful for most families is that only 1% of the families who received rent arrearage payments in Fiscal Year 1999 went on to enter shelters within the fiscal year.

Housing search services are not provided uniformly throughout the family shelter system. All families in shelters funded by the Department of Transitional Assistance are required to search for permanent housing at least four days per week. Housing search workers help families identify available housing, prepare them to meet with landlords, and transport them to available apartments. At 80% of the family shelters, the housing search workers are on-site and part of the shelter staff. The remaining shelters have no on-site housing search workers, rather Homeless Intercept Program staff members based off-site provide regular housing search assistance. The Department of Transitional Assistance believes that housing search services for clients of family shelters should be based off of the shelter sites. The Department has proposed a Request for Response that asks providers to submit proposals that would shift the responsibility for all housing search services for family shelter clients to regional providers. The Department's reasons are two-fold: 1) roving housing search workers, as opposed to on-site workers, can spread services more equitably across large and small shelters; and 2) off-site regional housing search workers will likely help families seek housing outside of Boston, where more affordable housing may be available. According to the Department of Transitional Assistance, on-site housing search workers at Boston's shelters place little effort in helping families look for housing outside Boston. Shelter providers, however, argue that on-site housing search workers are crucial, because they can provide constant encouragement and assistance to shelter clients.

Recommendations

Focus on homelessness prevention and housing search, rather than on increasing shelter capacity. After meeting the immediate capacity needs of the family shelter system, the Commonwealth should shift its focus from capacity building to homelessness prevention. State government should strengthen its existing efforts to keep families in their own housing, or move families from shelters to permanent housing. The average cost of placing a family in a congregate or scattered-site shelter is \$14,800 (\$113 per day multiplied by 131 days, the average length of stay). The cost of keeping a family in permanent housing with a one-time rent arrearage payment, or helping them move into more affordable housing with a one-time advance rent payment, is typically \$1,000 or less. In addition, as family shelter capacity increases, many families may be placed in hotels and adapted former state mental hospitals, as opposed to the small, community-based shelters that comprise the majority of the shelter system. Finally, most providers and state agencies agree that families who lose their housing are less likely to hold a job and more likely to develop mental health and substance abuse issues as they deal with the stress of living in a shelter.

Immediate Actions

1. ***Explore funding options for expanding the income eligibility requirement for Emergency Assistance—Rent Arrearages.*** As housing prices rise, even working families with income above the poverty line have a difficult time retaining their housing. Families with income between 85% and 130% of the federal poverty level may benefit most from one-time rent arrearage payments because they are most likely to have stable jobs but face temporary crises that prevent them from paying their rent. Options should be explored for the “Governor’s Budget Recommendation” for Fiscal Year 2001 to fund an expansion of the income eligibility ceiling for this program from its current level, which is below the federal poverty level, to 130% of the federal poverty level¹⁷. This would bring the rent arrearage program’s income eligibility requirement in line with the recent expansion of the family shelter eligibility requirement. Options to fund the expansion of the rent arrearage program include a reduction in other Department of Transitional Assistance state appropriations, or tapping the Commonwealth’s unspent Temporary Assistance for Needy Families (TANF) block grant funds, which would require no additional General Fund expense. At the same time, the program should limit newly eligible families to one payment every two years, to ensure that they use the payments only for emergencies and do not build them into their annual budgets.
2. ***Train Department of Transitional Assistance caseworkers on early identification of housing issues.*** As the Commonwealth implements time limits on receipt of Transitional Assistance to Families with Dependent Children (TAFDC) benefits, Department of Transitional Assistance caseworkers have been focused on helping recipients find jobs. The Department of Transitional Assistance should develop a stronger focus on housing issues, both in its training program for caseworkers and in the information that caseworkers collect from recipients during routine case meetings. Caseworkers should be trained to elicit information from recipients about their housing situations, identify potential problems, and refer recipients with potential housing crises to Homeless Intercept Program services as early as possible.

A stronger focus on early identification of housing problems would also be consistent with the Department’s proposal to maintain a stronger case management relationship with TAFDC recipients who enter shelters and help those families gain access to housing search and other services. This would supplement the shelters’ efforts to move families into self-sufficiency and enable the Department’s caseworkers to remain mindful of the consequences of late identification of housing problems among their clients.

¹⁷ For a family of three, the eligibility income ceiling ranges from 84% to 93% of the federal poverty level, or about \$12,000 to \$13,000 per year, depending upon the family’s current living situation and its exemption status from the TAFDC time limit. The federal poverty level for a family of three is approximately \$14,000 per year. 130% of the federal poverty level for a family of three is approximately \$18,000 per year.

Further Research

- 1. Assess the benefits of shifting the focus of the Homeless Intercept Program away from housing search services and more toward services that help keep families in their housing.** The Department of Transitional Assistance and the Department of Housing and Community Development disagree about the correct balance in the Homeless Intercept Program between housing search and services to help keep families in their current housing. Currently there are insufficient data to prove that either approach is more effective. Additional information on the success of prevention services versus housing search in an environment of high housing prices may indicate that Homeless Intercept Program providers should focus more on services to prevent families from losing their housing. The examination and assessment of programs similar to Project Prevention in Hyannis, Massachusetts, the Housing Counseling Program in central Massachusetts, and the Work First New Jersey Housing Assistance Program (described below) may provide some useful information about this issue.

Project Prevention is a pilot program started in Fiscal Year 1998 by the Housing Assistance Corporation of Hyannis, Massachusetts. Using a combination of state and private funds, Project Prevention offers flexible cash benefits (including rent arrearages, mortgage arrearages, and advance rent) and housing search services. In Fiscal Year 1999, according to statistics from the Department of Housing and Community Development, the program helped all 209 families it served avoid homelessness: it helped 139 families maintain their housing and helped 39 re-locate to new permanent housing.

Another example of a successful homelessness prevention program in Massachusetts is the Housing Counseling Program of the Central Massachusetts Housing Alliance. The program helps families avoid homelessness with multi-year operational funding from the United Way of Central Massachusetts (\$35,000 annually), flexible federal Emergency Food and Shelter Program funds, Emergency Shelter Block Grant Funds, and funds raised through special events. To help families avoid moving into emergency shelter, this program helps families retain their existing housing or identify alternative permanent housing. Annually, the program helps more than 150 families avoid homelessness with a combination of housing counseling on tenant/landlord rights and responsibilities, one-time cash assistance benefits for rent or mortgage arrears, and advance rental assistance. To accomplish the program's goals, the Central Massachusetts Housing Alliance leads a community-wide, collaborative team comprised of front-line human service providers from area neighborhood centers, housing providers, and shelter providers.

The examination and assessment of rental assistance programs and homelessness prevention programs in other states may also provide some useful information. For example, the Work First New Jersey Housing Assistance Program provides temporary rental subsidies to some of the New Jersey's former welfare recipients who are now working in unsubsidized employment and earning below 150% of the federal poverty level. Rental subsidies are provided to families for up to three years. The program is funded through the state's so-

called maintenance of effort (MOE) funds associated with the federal Temporary Aid to Needy Families (TANF) program. According to the Center on Budget and Policy Priorities, families that receive MOE-funded housing assistance through separate state programs are not subject to certain federal restrictions, such as time limits¹⁸.

2. ***Identify, examine, and address any problems within the Commonwealth's current delivery system for housing search services.*** The Commonwealth's current delivery system for housing search services should be examined and evaluated. If necessary, alternative approaches should be identified. Possible options to consider and evaluate should include the Department of Transitional Assistance's proposal to shift on-site services provided to homeless families to regional off-site service providers. A possible approach may include implementation of any proposed changes on a pilot basis, setting program performance criteria and measures, and following up with evaluation of pilot programs before widespread implementation.
3. ***Investigate ways to expand the supply of affordable housing.*** The authors of this report have focused on ways to prevent homelessness and move families and individuals from shelters to permanent housing, but not on ways to increase the supply of affordable housing. Since 1997, housing prices statewide for "same house sales" have risen 6% to 9% annually, and are currently growing at a rate that is 75% higher than the national average annual rate of growth, threatening home ownership and rental affordability¹⁹. Expanding the number of housing units that are affordable may be the most valuable, but also the most challenging way to combat homelessness. As housing costs remain high or continue to rise, more thought should be given to this issue.

Currently, 20% of the 250,000 housing units in Boston are subsidized²⁰. While efforts continue at the Massachusetts Housing Finance Agency, Massachusetts Housing Partnership, and the Department of Housing and Community Development to use existing resources to increase the supply of subsidized housing resources, the Commonwealth should identify and assess market-based solutions to the problem of rising housing costs. While identifying potential housing policies that would benefit families and individuals, research should include, but not be limited to:

The identification and assessment of policies, incentives, and law changes that encourage the construction of privately built and owned housing, spread growth geographically, and alleviate upward pressure on housing costs. At present, communities may have limited incentive to support activities related to home building and home expansion. Policies should be identified that enable

¹⁸ Sard, Barbara, "The Use of TANF Funds to Provide Housing and Homelessness Assistance: Implications of the Final TANF Rules," Center on Budget and Policy Priorities, Washington DC, August 13, 1999, p.1.

¹⁹ New England Economic Indicators, Federal Reserve Bank of Boston, 1999.

²⁰ Sheila Dillon, Deputy Director for Housing Development, City of Boston (as quoted in the Boston Globe, October 23, 1999).

communities to maintain their desired character while encouraging the development of housing that is affordable to low- and moderate-income people.

The identification and assessment of policies, incentives, and law changes that may stimulate growth in the number of dormitory units available for the Commonwealth's college and university students. Approximately 80,000 college and university students reside in Boston and about 67,000 of them live in rental units²¹. As students share two and three bedroom apartments, fewer units are available for families.

Although it is clear that the lack of affordable housing is an important reason why many families remain homeless, high rents can be an important reason why some individuals become homeless. Further research should assess the extent to which the shortage of moderately priced apartments contributes to individual homelessness²². If the lack of affordable housing is determined to be a significant contributing factor, research should include, but not be limited to:

The identification and assessment of policies, incentives, and law changes that may encourage growth in the number of dwellings suitable for individuals, such as single room occupancy units, "in-law" apartments, and other small rental units. Between 1965 and 1985, Massachusetts experienced a 96% drop in its number of single room occupancy units, the largest drop in the country²³. Some shelter providers have suggested that a lack of rooming houses, or single room occupancy units has contributed to the growing number of homeless individuals. Similarly, current government policies, laws, and regulations may contain excessive restrictions for homeowners who would like to build additions to their homes for use as in-law apartments or small rental units. Further research should include the identification of policy options and other potential changes that would address these and other similar issues.

II. FOR INDIVIDUALS, INSUFFICIENT DISCHARGE PLANNING AND A SHORTAGE OF TRANSITIONAL PROGRAMS CONTRIBUTE TO CHRONIC HOMELESSNESS

An affordable housing shortage, mental illness, substance abuse, low educational attainment, and lack of job skills are all reasons why individuals become homeless. However, insufficient discharge planning for individuals exiting certain state agencies, and a lack of transitional programs in which to place such individuals, contribute to long-term shelter stays among people who face the most significant barriers to self-sufficiency.

²¹ Taking Charge: A Housing Strategy for Boston, The Advisory Panel on Housing Report to the Mayor, February 1996.

²² Other factors, such as substance abuse, mental illness, and recent release from jail, are important contributors to the pressure on the individual shelter system. The remainder of this report includes recommendations that address such issues (beginning with section II).

²³ Setting Domestic Priorities, The Brookings Institution, Washington, D.C., 1992.

Long-term shelter residents who face serious personal barriers to self-sufficiency may represent a small proportion of all homeless individuals. In widely cited research on homelessness in New York City and Philadelphia, Dennis Culhane found that the individual homeless population could be roughly broken into two groups. Eighty percent of the individuals who pass through shelters are "transitional," while 20% are "chronic" -- but on any given night, the chronic homeless comprise much more than 20% of the housed individuals in shelters. The study found that transitional homeless people stay in shelters for a couple of weeks or less, typically because of some emergency. They may have a substance abuse or mental health issue, but these problems are not severe enough to prevent them from working and functioning independently. Chronic homeless people stay in shelters for up to several years. They are more likely to have severe substance abuse or mental health problems (for example, in Philadelphia 70% of this group suffered from substance abuse and 21% from a diagnosed mental illness), and they are more likely to have spent time in detox programs, mental health facilities, and hospitals.²⁴ Most managers of individual shelters in the Commonwealth report that this research resonates with their own experiences. According to them, a small proportion of homeless individuals have severe problems and take up most of the shelter slots and resources for services. These individuals typically move among the shelter system, hospitals, substance abuse programs, and prisons.

Shorter lengths of stay at detox programs and lack of post detox transitional programs may be preventing homeless substance abusers from overcoming their addictions and achieving independence. Advocates and vendors argue that the shortened stay in Department of Public Health (DPH) detox programs contributes to homelessness. A decade or more ago, detox programs lasted 30 days²⁵. Currently, the average length of stay in detox centers ranges from 6.1 to 6.5 days²⁶. After a six-day stay, addicts may be medically stable but remain addicted and highly likely to end up in a homeless shelter. While the detox programs have been shortened, DPH has added more slots to its six-month, residential recovery programs for people leaving detox. However, people leaving detox after six days may not be stable enough to move directly to one of these transitional programs, and may end up in a shelter anyway.

Shelters report a significant number of individuals leaving acute mental health care and ending up in the emergency shelter system. Because of the resources that Massachusetts has invested in community housing for the mentally ill, the flow of people with mental health problems from Department of Mental Health (DMH) facilities to homeless shelters has slowed down dramatically. However, some providers report significant numbers of individuals being discharged into shelters from DMH and private acute psychiatric care hospitals.

²⁴ Culhane, Dennis and Randall Kuhn, "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data," Center for Mental Health Policy and Services Research (Univ. of Pennsylvania), 2/19/96.

²⁵ Bachrach, Sarah, Bureau of Substance Abuse Services, Massachusetts Department of Public Health.

²⁶ Bachrach, Sarah, Bureau of Substance Abuse Services, Massachusetts Department of Public Health.

Ex-prisoners constitute a significant percentage of the homeless population in the individual shelters. In a 1997 University of Massachusetts McCormack Institute survey of individuals in homeless shelters, 7% of respondents claimed that a jail, detention center, or prison was their place of residence immediately prior to entering the shelter. According to the same study, 19% said they had been in jail or prison within the previous 12 months.²⁷

As a result of state law and policy changes, more prisoners are completing their sentences in prisons rather than in halfway houses, i.e., pre-release centers. The number of slots in Department of Correction (DOC) contracted halfway houses for prisoners was reduced from 240 to 30 between 1989 and 1996. The number of slots in DOC-run minimum security and pre-release centers has remained steady over the past decade at approximately 1,800. Since inmates who are released directly onto the street without a transitional period in the community may be more likely to end up homeless, effective discharge planning by DOC and county prison officials is essential.

The problem of ex-prisoners being discharged into homeless shelters is larger in county prisons than in state facilities. The Massachusetts Housing and Shelter Alliance projected that approximately 200 individuals would leave DOC prisons and enter emergency shelters in 1999, while approximately 731 would leave county prisons and enter shelters. According to DOC, recent initiatives make discharge planning adequate, and discharge planning, therefore, is not the primary reason why ex-prisoners are ending up in shelters. Instead, the lack of transitional, supportive housing is considered to be the primary reason why individuals who complete their sentences in prison often end up in homeless shelters after their release.

In collaboration with the Department of Mental Health (DMH) and the Department of Public Health (DPH), DOC has already intensified its discharge planning efforts. In Fiscal Year 1998, for the first time, DMH funded seven mental health coordinators to conduct discharge planning for mentally ill prisoners. In 1998, DPH began discussions with DOC and county prison officials about how to better serve individuals leaving prison who have a history of substance abuse and are at risk of becoming homeless. The discussions focused on improving discharge planning from the prisons into detox programs and recovery home beds and enrolling ex-inmates in MassHealth. According to DOC, these discussions have already led to more offenders being placed into post-detox recovery home beds upon release.

Shelters report that young people are a fast-growing population in the individual shelters. Shelter providers report a rapid increase in the number of young people (ages 18-24) entering emergency shelters between 1997 and 1999. Preliminary data indicates that young people under the age of 25 comprise about 10% of the

²⁷ Friedman, et al, "A Snapshot of Individuals and Families Accessing Boston's Emergency Homeless Shelters, 1997," McCormack Institute of Public Affairs at University of Massachusetts, Boston, 8/15/97, pp. 13 and 14.

individual shelter population²⁸. An increase in the number of youth entering shelters may be linked to the recent increase in the annual number of youth exiting the Department of Youth Services (DYS) and the increase in the percentage of Department of Social Services (DSS) youth in group homes. Between 1996 and 1998, youth aging out of DYS increased by 25%. DYS tracks crime recidivism but does not track other statistics on youth exiting its system. The crime recidivism rate (66% of former DYS youth are rearrested) suggests a population aging out of DYS that is at high risk of becoming homeless. Between Fiscal Years 1997 and 1999, the number of DSS youth in group homes increased by 15%. Because youth are less likely to learn independent living skills while in highly structured group home settings, they are at risk of becoming homeless when they are discharged from DSS. With the exception of the CommonWorks After-care Program and the Title IV-E Independent Living Program, DSS does not track outcomes of youths who exit its system. The Title IV-E Independent Living Program provides intensive independent living preparation to DSS youths and may be a program worth duplicating in the future. The program has been successful in large part because it funds outreach workers, who are not identified with DSS in the youths' eyes, to offer independent living counseling to the youths prior to leaving DSS care.²⁹

Former clients of the Department of Youth Services (DYS) and the Department of Social Services (DSS) often lose their access to health care after being discharged from state custody; and former Department of Correction (DOC) and county prison inmates are often eligible for Medicaid, but not enrolled. DSS and DYS clients are automatically enrolled in the Commonwealth's version of Medicaid known as MassHealth until age 19. Upon turning 19, the youth receives a re-determination form from the Division of Medical Assistance (DMA) so that DMA can determine whether he/she meets MassHealth's adult eligibility requirements. According to DMA, many of these youths leave DSS or DYS without their MassHealth cards, thus losing their enrollment. Apparently, DSS and DYS case managers are under the impression that youths lose MassHealth eligibility at age 18, the cut-off age prior to 1998. The authors' research also showed that prisoners exiting DOC and county prisons are often MassHealth eligible but not actually enrolled. It became apparent from the project team's research that there is little communication among DYS, DSS, DOC and DMA about MassHealth eligibility and about what it takes to enroll certain individuals in MassHealth. Enrollment in MassHealth would make health care accessible to these individuals who often have substance abuse, HIV/AIDS and mental health issues. This access to health care would in turn increase these individuals' chances of successfully treating their substance abuse and mental health problems before these problems escalate to a point where homelessness is inevitable.

²⁸ Derived from data collected between October 1, 1998 and September 30, 1999 from a sample of 7,852 people in individual shelters. Center for Social Policy, John W. McCormack Institute of Public Affairs, University of Massachusetts, Boston, November 2, 1999.

²⁹ Independent living counseling includes a life skills curriculum, a transitional living plan, career/job planning, and peer support groups.

Recommendations

Focus on preventing state agencies from discharging people inappropriately into emergency shelters. Emergency shelters are generally ill-equipped to deal with the substance abuse, mental health, and other problems of chronically homeless individuals, which is partly why these individuals spend so much time in and out of shelters without moving on to some level of self-sufficiency. Services for these people should be under the jurisdiction of the state agency or agencies that have expertise in their problems. A renewed focus on discharge planning at certain state agencies is a first step towards getting people into the appropriate services. More attention to discharge planning may reveal the gaps in transitional programs for this population; and additional investments to fill these gaps may save the Commonwealth money in the long run, by preventing long shelter stays by the chronically homeless.

Immediate Actions

1. ***Complete a joint report by the Departments of Social Services, Youth Services, Correction, Mental Health, Public Health, and the county correctional facilities that investigates and proposes ways to improve discharge planning for those individuals at high risk of becoming homeless.*** Currently, each of these agencies provide varying levels of discharge planning. Based on interviews with homeless shelters, advocates, and state agencies, a significant number of individuals are leaving programs from one of these agencies and ending up in homeless shelters. Analyzing the discharge planning that these agencies provide and recommending ways to improve these procedures are important first steps to stopping the flow of individuals from these agencies into the shelter system.
2. ***Initiate efforts at the Division of Medical Assistance (DMA) to enroll more adults and juveniles in MassHealth as they leave state custody.*** The project team recommends that DMA continue its MassHealth outreach efforts with the Department of Correction (DOC) and county prisons, and initiate or continue similar efforts with the Department of Social Services (DSS) and the Department of Youth Services (DYS). Such efforts include DMA training DOC, DSS, DHS, and vendor staff on MassHealth outreach and getting DOC's cooperation to begin the process of signing prisoners up for MassHealth prior to their release.

Further Research

1. ***Conduct research at the Departments of Social Services, Youth Services, Correction, Mental Health, Public Health, Transitional Assistance, Veterans' Services, and the county correctional facilities to identify and evaluate options for shifting resources from existing programs into transitional programs.*** These transitional programs could include:
 - Transitional housing for ex-inmates;
 - Department of Mental Health community housing;

- Department of Social Services independent living programs similar to the Title IV-E Independent Living Grant in Fiscal Year 1999;
- Department of Public Health post detox center recovery home beds; and
- Work requirements and other shelter eligibility options designed to encourage transition to self-sufficiency³⁰.

2. ***Examine the feasibility of shifting resources by maintaining emergency shelter services for only those with short-term needs and establishing a supportive housing program for individuals with long-term needs.*** Supportive housing options should be examined and evaluated, including the program recently proposed in Columbus, Ohio and similar programs in other states. After conducting a study of Ohio's homelessness problem and how other states address the same problem, a task force in Columbus determined that while 85% of homeless persons face a short-term problem, 15% have more difficult, long-term problems that the system in Ohio did not effectively address³¹. They determined that this 15% uses more than half of the resources directly devoted to assisting homeless individuals³². As a solution, they have proposed a five-year plan that would reduce the number of emergency shelter beds for homeless men and shift resources to a permanent supportive housing program. Supportive housing services would include a variety of treatments and employment training for homeless men. The expected result is an expected return of trained workers to the local labor force, a reduction in the long-term need for detox and substance abuse services, and a reduction in the overall need for emergency shelter.

III. **THERE IS A LACK OF COORDINATED POLICY PLANNING AT THE STATE LEVEL TO ADDRESS HOMELESSNESS**

Most of the shelter providers interviewed believe that lack of coordination and communication among state agencies serving homeless people hinders effective service delivery. State agencies often cited examples of other agencies' reluctance to collaborate with them, or take responsibility for particular target populations perceived to be outside their jurisdictions.

There is no single state agency that is responsible for services to homeless people, and most agencies and providers do not think there should be. Individuals and families become homeless for a wide range of reasons. While the Department of

³⁰ Individual shelter eligibility options may include work or community service requirements, maximum lengths of stay, and/or rental payment requirements.

³¹ "Rebuilding Lives: A New Strategy to House Homeless Men", Scioto Peninsula Relocation Task Force, Columbus, Ohio., September 1998

³² This is consistent with research findings from Philadelphia and New York City, which indicate that in both of those cities, a disproportionately high level of resources are devoted to assisting a relatively small number of "chronic" homeless: Culhane, Dennis and Randall Kuhn, "Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data," Center for Mental Health Policy and Services Research (Univ. of Pennsylvania), 2/19/96.

Transitional Assistance is charged with providing emergency shelter to people who lose their housing, it does not have the expertise to address the many problems that push people into homelessness. Other agencies are responsible for addressing each of these distinct issues, ideally before a person ends up homeless but often when a person is already on the streets or in a shelter. The authors of this report asked government officials and providers if it makes sense to consolidate multiple services to homeless people at a single state agency. The vast majority of those interviewed believe that agencies should continue to run the programs in which they have experience and expertise. They also argue that bringing all homelessness services under one agency would institutionalize homelessness, creating a permanent class of people with its own system of service providers. Most of those interviewed stated that homeless people are made up of numerous populations, each with its own specific problem, and ideally should be served through the mainstream service delivery system.

Providers report effective coordination at the local level to connect homeless people to social services, but providers and agencies agree that there is insufficient coordination at the state agency level. Most shelter providers believe that there is already good coordination at the local, provider level to ensure that homeless people get connected to the services they need (within the limits of current service levels). In part, this coordination has been mandated by the federal government, which requires providers to collaborate on service plans for their communities when developing applications for federal funding.³³ The larger shelters, typically with 100 or more shelter slots, are able to provide many social services on-site through economies of scale (such as health clinics, substance abuse services, mental health services, and job training). Smaller shelters usually refer people out to large shelters, day programs³⁴, or social service agencies for these services. However, although they do not support consolidation of programs under one agency, providers and agencies agree that lack of coordination at the agency level and a single-minded focus on their own areas of expertise often cause people to “fall through the cracks” and not receive needed services. Frequently cited examples of coordination problems among state agencies include lack of coordination between the Departments of Transitional Assistance and Housing and Community Development on early referral to homelessness prevention services; lack of coordination among human service agencies to enroll people in MassHealth; and the examples explained in greater detail below.

There is no coordinated service delivery system for individuals who are dually diagnosed with substance abuse and mental health problems. Many emergency shelter providers serving homeless individuals complained about the lack of a continuum of services for clients who are dually diagnosed with substance abuse and mental health problems. Even though these individuals have serious mental health and substance abuse problems, many of them do not meet the eligibility

³³ Many shelter providers receive federal funds for targeted services as well as state funds for emergency shelter.

³⁴ Individual shelters require most clients to spend their days out in the community, working or receiving services. Day programs, funded primarily by the Department of Transitional Assistance, provide a wide variety of social services and job training programs to homeless people during daylight hours.

criteria to receive detox and mental health services through the Department of Mental Health's homelessness services program. In addition, most of the Department of Public Health's detox programs are ill equipped to handle clients who are dually diagnosed. It is a recurring problem for the dually diagnosed population to end up in emergency shelters without receiving the appropriate services to resolve their mental health and substance abuse issues. In an attempt to address this problem, the Department of Mental Health and Department of Public Health established the Community Consensus-Building Collaborative (CCBC) to identify the services needed to establish an integrated service system for the dually diagnosed homeless population. The intent of this collaboration is to find ways to utilize existing resources to serve this population more effectively. In addition, the Division of Medical Assistance's efforts to increase the enrollment of homeless individuals in MassHealth should provide this population with greater access to mental health and substance abuse services.

Families affected by domestic violence are sometimes placed in inappropriate settings. The Department of Social Services manages the Commonwealth's domestic violence shelters. There are 450 emergency shelter beds (stays usually limited to 90 days) and 270 transitional beds (stays of up to 18 months), that served 2,000 women and children in 1998. There is considerable overlap between the population served by the domestic violence shelters and the population served by the Department of Transitional Assistance's emergency shelter system. According to a 1997 survey, for example, 22% of the women in Boston emergency shelters had experienced domestic abuse within the previous year.³⁵ Both the Department of Social Services and the Department of Transitional Assistance believe that families are too often placed inappropriately. The Department of Social Services argues that the emergency shelter system is too resistant to accepting any families with histories of domestic violence, even when the families are no longer in danger. This resistance prevents families from moving on from the domestic violence shelters, making it harder for families who are truly in danger to access the services. The Department of Transitional Assistance, by contrast, is concerned that the domestic violence shelters too often "dump" their families into the emergency shelter system rather than finding appropriate placements for them.

Recommendations

- 1. Establish an interagency committee or task force on homelessness, chaired by the Executive Office for Administration and Finance.*** An interagency committee or task force on homelessness should be established to serve as an advisory body to the Governor and Lieutenant Governor. Its members should make recommendations on the coordination of services and on the proper allocation of resources to serve homeless people and those at risk of becoming homeless. Its membership should include, but perhaps not be limited to, decision-makers from all the secretariats and agencies that provide services to homeless people or people at-risk of homelessness. Because the agencies involved span a number of different secretariats, a representative of the Executive Office for Administration and Finance should chair the committee.

³⁵ Friedman, et al, p.22.

2. *The interagency committee or task force could take action on the issues and recommendations cited in this report.* In addition to the examination of other issues addressed in this report, the interagency committee could work with state agencies to address the following specific coordination issues³⁶:

- Coordination of Services to the Dually Diagnosed Population. The committee should work with the Department of Mental Health (DMH) and the Department of Public Health (DPH) to determine the steps needed to implement an integrated service system for people who have been dually diagnosed with mental illness and substance abuse problems. In particular, the committee should address the priority services identified by the DMH/DPH Community Consensus-Building Collaborative:
 - Conduct cross-training between DMH and DPH;
 - Develop enhanced detox programs at DPH to deal with mental health issues; and
 - Change attitudes about treating dually diagnosed individuals.
- Coordination of Services to Victims of Domestic Violence. The committee should work with the Departments of Social Services and Transitional Assistance to ensure that victims of domestic violence are placed in proper settings. Efforts to improve coordination and communication between the two agencies on the issue of domestic violence should be built on the work of the new domestic violence specialists at Department of Transitional Assistance local offices. These specialists are currently helping Department of Transitional Assistance caseworkers understand when a family is in need of domestic violence services.
- Early Referral to the Homeless Intercept Program. The committee should ensure that the Department of Transitional Assistance (DTA) and the Department of Housing and Community Development (DHCD) collaborate, as recommended in Section I of this report, to educate DTA's caseworkers about the need for early referral of families with housing problems to DHCD's Homeless Intercept Program.
- Enrollment in MassHealth. The committee should ensure that the Division of Medical Assistance collaborate with the county correctional facilities and the Departments of Correction, Social Services, and Youth Services, as recommended in Section II of this report, to enroll those agencies' populations in MassHealth and to keep them enrolled when they exit state custody.

³⁶ In addition, the task force should be responsible for identifying interagency coordination issues related to the effective identification and implementation of policies that address the permanent housing needs of those who are homeless or at risk of becoming homeless.

- Improvement of Discharge Planning by State Agencies. The committee should ensure that the Department of Social Services, Department of Youth Services, Department of Correction, county correctional facilities, Department of Mental Health, and the Department of Public Health collaborate, as recommended in Section II of this report, to complete a report on ways to improve discharge planning for their clients who are at-risk of becoming homeless.

IV. LACK OF DATA ON PEOPLE WHO USE HOMELESSNESS SERVICES IS A SIGNIFICANT OBSTACLE TO EFFECTIVE SERVICE PLANNING

Too often, agencies make policy and funding decisions based on anecdotal evidence rather than on reliable data. Accurate quantitative data could help agencies target their resources more effectively. The Automated National Client-specific Homeless-services Recording System (ANCHoR) is a management information system designed to collect data from shelters and service providers across the Commonwealth, but several relevant agencies are not yet using ANCHoR.

Up to now, data collection at most state agencies involved with the homeless population has been haphazard and uncoordinated. Most shelters and service providers keep internal records of numbers of clients, lengths of stay, and referrals to social services. State agencies collect some of these data from state-funded providers. In addition, providers that receive federal McKinney funds³⁷ must submit detailed Annual Progress Reports (APRs) to the federal government. Until recently, however, state government has made no coordinated effort to track where people in shelters come from and where they go, and how many people receive services from multiple agencies.

Reliable quantitative data could have an impact on policy and funding decisions. Uniform data on the prior housing situations and incomes of families in shelters could help policy-makers determine the potential benefits of expanding Emergency Assistance—Rent Arrearage benefits or of shifting Homeless Intercept Program funds towards services to help families retain their housing. On the individual shelter side, data on the prior living situations of shelter clients could help us develop a more comprehensive picture of the flow of people through state agencies and shelters, and help us pinpoint those agencies that are most likely to discharge individuals into shelters. Data on lengths of stay and multiple shelter use could help us determine whether there really is a small number of chronic shelter residents with significant obstacles to self-sufficiency, who might be better served by other state agencies.

ANCHoR is a new initiative to collect uniform data on services to homeless people. ANCHoR was developed by the University of Pennsylvania, and is operated in Massachusetts by the University of Massachusetts, McCormack Institute. Massachusetts began implementing the system in Fiscal Year 1998. ANCHoR is

³⁷ Since 1987, the federal Department of Housing and Urban Development has provided states and municipalities with McKinney grant funds. These funds are used primarily for residential programs, services for targeted populations, and affordable housing development, but not for emergency shelter.

designed to collect three broad types of data: (1) an unduplicated count of shelter utilization; (2) a breakdown of shelter users by demographic characteristics and by services utilized; and (3) information on multiple-site use (including people who move among multiple emergency shelters and people who move between another state agency program and the emergency shelter system). Providers transmit uniform data reports to a central server at the McCormack Institute that produces aggregate data reports. A steering committee, composed of shelter providers, representatives from the Executive Office of Health and Human Services, and formerly homeless individuals decides how to use the data and what modifications the McCormack Institute should make to the University of Pennsylvania's model.

A number of agencies are not yet participating in the ANCHoR project. By the end of Fiscal Year 1999, 98 vendors across the Commonwealth had started to transmit data to the McCormack Institute through ANCHoR. The 98 vendors include 60% of the family shelters in the Commonwealth and 50% of the individual shelters; and they include vendors funded by the Department of Transitional Assistance, the Department of Public Health, the Department of Mental Health, and the Department of Veterans' Services. The McCormack Institute has also approached the Department of Social Services and the Department of Housing and Community Development about getting their providers involved with ANCHoR. The ANCHoR project's goal is to achieve 100% coverage of the Commonwealth's shelters by 2002.

Recommendations

Support the on-going development of ANCHoR³⁸ and ensure that all relevant agencies participate in the project. It is crucial to collect more reliable and uniform data before making major policy or funding changes. ANCHoR has the potential to provide these data.

Immediate Actions

- 1. Continue to support state funding of ANCHoR.*** The Administration should continue to support the planned \$200,000 of capital spending for ANCHoR development in Fiscal Year 2001.
- 2. Ensure that all appropriate agencies participate in the ANCHoR project.*** The domestic violence shelters and New Chardon Street Shelter (at the Department of Social Services), and the Homeless Intercept Program (at the Department of Housing and Community Development) should be included among those that transmit data to ANCHoR. These programs provide direct services to homeless people and people at-risk of homelessness.

³⁸ It is possible that the ANCHoR steering committee and the interagency committee/task force on homelessness may determine that another information system would better meet the needs of the Commonwealth. Therefore, it is important to note that the authors' recommendations are intended to reflect support for any effective information system that can capture useful and accurate data from homeless shelters, rather than exclusive support for any specific system or software.

3. ***Appoint members of the ANCHoR steering committee from all state agencies that participate in the ANCHoR project.*** All state agencies whose programs or providers are transmitting data to ANCHoR should be represented on the ANCHoR steering committee. These agencies should play a role in determining what data ANCHoR collects and what reports the McCormack Institute produces. Requiring state agencies to be engaged in the data collection process ensures that they are aware of the data collected, and makes it more likely that they will use these data when making policy and funding decisions.
4. ***Ensure that an interagency committee on homelessness has input on the data that ANCHoR collects and the reports that are produced.*** An interagency committee on homelessness should have a presence on the ANCHoR steering committee to ensure that the McCormack Institute collects relevant data and produces reports that are useful to the Commonwealth as a whole.

Further Research

1. ***Consider including other agencies that serve at-risk populations as participants in the ANCHoR project.*** There is some evidence that individuals exiting the county correctional facilities, Department of Correction, Department of Youth Services, and the Department of Social Services' foster care system are entering emergency shelters in growing numbers. These agencies should be among those that transmit data to ANCHoR if the ANCHoR steering committee and/or relevant state agencies determine that ANCHoR data collection is incomplete without their participation.

V. MASSACHUSETTS INVESTS CONSIDERABLY MORE STATE RESOURCES IN HOMELESSNESS SERVICES THAN MOST OTHER STATES

Evidence suggests that most other states invest significantly fewer resources than Massachusetts in services specifically targeted to the homeless. The issue in Massachusetts is probably not that more resources are needed to expand services, but rather to identify possible strategies to maximize existing resources.

In Fiscal Year 1999, Massachusetts government agencies received approximately \$123 million for homelessness services, \$82 million of which was appropriated to the Department of Transitional Assistance (DTA) for homeless shelter and rent arrearage services³⁹. DTA conducted a survey of state agencies in other states that provide homeless shelter and rent arrearage services that are similar to those provided by DTA. The table below illustrates some of the survey's findings, and compares DTA's spending level with the spending levels of similar state agencies in other states⁴⁰. Of the ten states for which spending data were available, New York, with three times the population of Massachusetts, spends roughly three times the

³⁹ DTA's Fiscal Year 1999 appropriations include \$30 million in federal funding from the Temporary Assistance for Needy Families (TANF) program.

⁴⁰ Spending data from the states outside New England may be understated due to possible spending at the county level; however, the disparity between Massachusetts and other state spending levels would likely be significant even if county spending levels were added to the state spending totals shown in the table.

amount of Massachusetts, and is the only state among the ten examined that spends more on these homelessness services than Massachusetts. Florida, Pennsylvania, North Carolina, and Georgia all have larger populations than Massachusetts; however, each spends significantly less on homelessness services than Massachusetts⁴¹.

**DTA's Spending on Homeless Shelter and Rent Arrearage Services
Compared with Spending by Other States**

Fiscal Year 1999 (\$ Millions)⁴²

New York	225.0
Massachusetts	82.0
Florida	33.8
Connecticut	8.9
Pennsylvania	8.0
Washington	7.5
Arizona	5.1
North Carolina	2.2
Wisconsin	2.0
Georgia	2.0

The Department of Transitional Assistance (DTA) receives about two-thirds of Massachusetts's state funding for homelessness services. The Department targets \$52 million of its state funds and \$30 million of its TANF funds toward individual and family shelters and rent arrearages for families. DTA argues that expanding services only increases the number of people currently in other living situations who will seek services, especially in terms of emergency shelter. Instead of investing more toward shelter capacity, the Commonwealth may be better served if it directs its attention toward improved service coordination and a greater focus on funding for agencies serving individuals and families at risk of becoming homeless.

Other states have been effective in improving the delivery of homelessness services by implementing innovative solutions, especially through coordination and consolidation of programs and services. Connecticut, for example, combined its mental health and addictive services into one department. Pennsylvania consolidated its transitional programs, case-management, and rental assistance under one Homeless Assistance program. New Jersey and Florida are developing a type of "one-stop-shopping" to collectively provide a whole range of services to those at risk of becoming homeless. Michigan and North Carolina both have statewide committees on homelessness to ensure effective communication among state agencies that provide services to the homeless and those at risk of becoming homeless.

⁴¹ Anecdotal evidence suggests that although this is a somewhat random sample of states (those for which data is available), the states that are not listed have similarly lower levels of spending than Massachusetts.

⁴² Source: A survey conducted by the Massachusetts Department of Transitional Assistance.

Recommendations

Given its relatively high level of spending on services targeted to homeless people, Massachusetts should focus its resources on homelessness prevention rather than on the expansion of shelter capacity.

1. Focus on doing more with the current level of resources. Do not rely on additional emergency shelter capacity to solve the problem over the long term. Instead, focus on a) programs that prevent individuals and families from becoming homeless; and b) programs that help people move from homelessness to permanent housing.

The Commonwealth invests in a number of successful programs that prevent homelessness; however, most of the state's resources fund the state's emergency shelter system rather than homelessness prevention. The result is a persistent homelessness problem despite significant spending, indicating that some resources should be shifted from emergency shelter and capacity-building activities to efforts that are more likely to lead to long-term solutions to homelessness.

2. Ensure that advocates and the public are aware that Massachusetts invests considerably more in homelessness services than other states.

Further Research

1. Conduct further research to effectively compare Massachusetts's level of spending on homelessness services with spending levels in other states.
2. Gather more information from other states about innovative solutions to the problem of homelessness, and determine the feasibility of adopting similar initiatives in the Commonwealth.

APPENDIX A **Massachusetts Services for the Homeless: Fiscal Year 1999**

Agency (*)	Account	Program	Target Population	Services Provided	Capacity	State Appropriations	Federal Grants (e)
DVS	1410-0250	Veterans shelters -- statewide.	Homeless veterans.	Emergency Shelters, Transitional Beds, Supportive Housing	160 emergency shelter beds, 50 transitional beds, 135 supportive housing rooms, 26 permanent housing rooms	\$ 1,157,775	
DVS	1410-0251	Veterans shelters -- Boston.	Homeless veterans.	Emergency Shelters, Transitional Beds, Supportive Housing	140 shelter beds, 160 transitional beds, 87 supportive housing rooms, 103 permanent housing rooms	\$ 2,250,000	
DTA	4403-2110 (b)	EA-Rent Arrearages	Near-homeless families.	1-time payment of up to 3 times a family's monthly rent	800 families	\$ 12,424,757	
DTA	4403-2120 (c)	EA-Family Shelters	Homeless and near-homeless families.	Congregate shelters; Substance abuse shelters; Scattered-site units; Homelessness prevention services; Housing search assistance	900 families	\$ 38,195,028	
DTA	4406-3000	Homeless Individuals	Homeless individuals.	Overnight shelters; Day programs; Clothing center; Health Care for the Homeless programs; Soup kitchen/food pantry	2,594 individuals	\$ 31,236,143	\$ -
DPH	4512-0200	Detox beds for the homeless	Homeless adults with alcohol or substance abuse problems.	Inpatient detox and substance abuse intervention services.	360 beds	\$ 2,000,000	\$ -
DPH	4512-0707 (allocation from EOHHS federal funds)	Supportive Housing	Homeless adults with substance abuse problems.	Provides sober housing environment and outreach services to recovering homeless addicts.		\$ -	\$ 850,000
DPH	4512-0709 (allocation of 4000-0709 EOHHS federal funds)	Homelessness Continuum of Care	Adults with HIV/AIDS	Counseling and HIV/AIDS education services		\$ -	\$ 479,900
DPH	4512-0710 (allocation from 4000-0709 EOHHS federal funds)	Homelessness Continuum of Care	Homeless adults with substance abuse problems.	Substance abuse counseling		\$ -	\$ 455,900
DPH	4512-9400 (allocation from 4000-9402 EOHHS federal funds)	Substance Abuse Treatment & Prevention	Homeless adults with alcohol or substance abuse problems.	Provides non-residential day services including relapse prevention counseling and housing search.		\$ -	\$ 1,690,766

APPENDIX A **Massachusetts Services for the Homeless: Fiscal Year 1999**

Agency (*)	Account	Program	Target Population	Services Provided	Capacity	State Appropriations	Federal Grants
DPH	4580-1230	Medical Respite Program	Homeless adults whose condition does not warrant acute care, but who would otherwise be hospitalized due to their homeless situation. The majority of clients are admitted directly from acute care hospitals and hospital emergency rooms for recuperation.	Sub-acute and recuperative services including physical therapy and counseling for substance abuse, mental health and HIV/AIDS.	72 bed unit	\$ 300,000	\$ -
DPH	4590-0911	Shattuck Hospital Shelter	Homeless adults	Overnight shelter for homeless individuals.	200 beds	\$ 3,100,000	\$ -
DSS	4800-0050	New Chardon Street Shelter	Homeless adult woman (18 +) and their children	Rooms are furnished; meals are served three times a day; and the staff is available 24 hours, 7 days a week. The Home also provides an on-site children's center and the residents participate in daily/ weekly activities, including work and education programs, parenting skills workshops, home health classes, shopping and cooking skills, job applications and interviews, and budget management.	46 beds which can accommodate 15-17 families	\$ 773,368	\$ -
DSS	4800-1400	Women in Transition	Victims of Domestic Violence	Shelter for victims of domestic violence.	Shelters: 387 beds and 50 cribs. Safe Homes: 72 beds and 13 cribs. Transitional Living: 240 beds and 12 cribs.	\$ 13,604,303	
DMH	5046-2000	Statewide Homelessness Services	Adults 18 + who are homeless	Services are provided through contracts with over 70 private, non-profit corporations that specialize in serving the seriously mentally ill who are homeless. Services include 24 hour direct care and support for the more seriously mentally ill and day supports for the less severe individuals. The actual housing is funded through HUD McKinney grants with the understanding that DMH will fund the mental health services. State funding from this account also supports DMH's outreach and assessment services to shelters, the streets, soup kitchens and other places where homeless individuals might be found.	343	\$ 18,289,431	By providing these services the state leverages \$65M in federal grant funds.

APPENDIX A **Massachusetts Services for the Homeless: Fiscal Year 1999**

Agency (*)	Account	Program	Target Population	Services Provided	Capacity	State Appropriations	Federal Grants
DMH	5046-9102	Cape Shelter Plus Care	Homeless mentally ill individuals	Sponsor-based rental assistance where DMH contracts with a non-profit to provide housing for the client; Contracts with Vinfen to provide mobile outreach service to homeless people throughout Barnstable County; Residential support services to formerly homeless clients who were placed into housing	20 homeless mentally ill individuals		\$ 144,240
DMH	5012-9121	Project for Assistance in Transition from Homelessness	Homeless mentally ill individuals in shelters across the Commonwealth	Contracts with a private, non-profit organization to provide outreach to the homeless mentally ill in shelters throughout the state. This outreach includes identifying individuals in shelters with a serious mental illness, providing short-term treatment directly or through referral to the mainstream mental health system, providing staff training to shelter employees, linking the identified individuals to needed services and public benefits, and assisting the person to locate affordable housing. This funding can also be used to pay for the first and last month's rent in an available market rental unit.	900 individuals		\$ 420,333
DHCD	7004-9051 - 4	Shelter Plus Care					\$ 1,255,999
DMH, DMR, DPH, DSS, DTA, DVS, MRC, DHCD		Grants for homeless shelters and programs					\$ 2,396,000
TOTALS						\$ 123,330,805	\$ 7,693,138

(a) This survey focussed primarily on state-funded programs, therefore it is likely that this list of federally-funded programs is incomplete.
(b) The state appropriation includes \$10,160,966 in funding from the federal Temporary Assistance for Needy Families (TANF) block grant.
(c) The state appropriation includes \$19,861,415 in funding from the federal Temporary Assistance for Needy Families (TANF) block grant.

• Agencies:

DVS: Department of Veterans' Services
DTA: Department of Transitional Assistance
DPH: Department of Public Health
DSS: Department of Social Services
DMH: Department of Mental Health
DHCD: Department of Housing and Community Development

APPENDIX B

LIST OF INTERVIEWEES

Agencies that Administer Homelessness Services	Date Interviewed
Patrick Walsh, Dept. of Transitional Assistance	6/24/99 & 6/29/99
Emily Davern, Domestic Violence Shelters (Dept. of Social Services)	8/18/99
Sandra Hawes, Director of Homeless Intercept Program Dept. of Housing and Community Development	8/9/99
Pam Samuels Fortes, New Chardon Street Shelter (Dept. of Social Services)	9/1/99
Carolyn Schlaepfer, Walter Jabzanka, Patti Mackin, Karen Brady, Dept. of Mental Health Central Office	6/28/99
Sarah Bachrach, Dept. of Public Health	7/16/99 & 9/28/99
Joanne Clarke, Division of Medical Assistance	9/24/99
Anne McHugh, Dept of Public Health, Primary Care Systems Unit-Medical Respite Program for the Homeless	7/14/99
Carolyn Castro-Donalan, Dept. of Public Health, Bureau Of Substance Abuse Services, Metro-Boston	7/16/99
Margaret Lakin, Dept. of Public Health, Bureau of Substance Abuse Services, Metro West	7/16/99
Dorothy Altman, Housing Specialist (consultant), Dept. of Veterans' Services	9/30/99
Agencies that Serve At-Risk Populations	
Joan Loudon-Black, Dept. of Social Services	7/19/99
Scott Taberner, CFO, Dept. of Youth Services	6/30/99
Karen Orr, Social Worker, DMH Forensic Transition Team Dept. of Mental Health (DMH)	7/26/99
Andrea Emodi, Department of Correction	9/30/99
Tim App, Department of Correction	9/27/99

Vendors	Date Interviewed
Richard Weintraub, Long Island Shelter	7/21/99
Suzanne Kenney, Project Place	7/23/99
Ira Grief, St. Francis House Day Center	7/23/99
Anastasia Lopopolo, Sojourner House	7/15/99
Margaret Leonard, Project Hope	7/14/99
David Phillips, Father Bill's Place	8/10/99
Nancy Mahan, Bay Cove Human Services	7/19/99
Tony Zipple, Vinfen Corporation	7/23/99
Jan Jibeaux, Executive Director, Committee to End Elder Homelessness	7/27/99
Lyndia Downey, Acting President, Pine Street Inn	7/29/99
Rick Presbrey, Housing Assist Corp.	9/13/99
Gordon Hargrove, Friendly House, Worcester	9/3/99
John O'Brien, Shattuck Shelter	8/25/99
Advocates	
Philip Mangano and Michael Allard, Massachusetts Housing & Shelter Alliance	7/27/99
Mary Doyle, Homes for Families	7/21 & 7/27/99
Aaron Gornstein, Executive Director, Citizens Housing and Planning Association (CHAPA)	8/9/99
Joe Finn, Shelter, Inc.	8/9/99
Nicole Witherby, Mass. Coalition for the Homeless	8/9/99
Mary Ellen Hombs, Massachusetts Housing and Shelter Alliance	8/9/99
Grace Carmarck, Central MA Housing Alliance	9/2/99

Other States**Date Interviewed**

Wilbur Williams, Coordinator for Special Programs, Florida Dept. Of Children and Families	7/19/99
Brenda Hanbury, Manager, Homeless Services and Prevention Programs Illinois Dept. of Human Services	7/14/99
Phyllis Powell, Administrator, New Hampshire Office of Community Support & Long-Term Care; Homeless & Housing Unit	7/12/99
Janet McLamb, Program Coordinator, North Carolina Dept. of Health & Human Resources, Office of Economic Opportunity	7/15/99
Scott Gary, Supervisor, Office of Housing and Community Partnerships Ohio Dept. of Development	7/27/99
(Responder wishes to remain anonymous) Michigan State Housing Development Authority	7/22/99
Mary Cattanach, Unit Supervisor, Connecticut Dept. of Social Services	8/11/99
Bill Andrews, Program Mgr. for Homeless Programs, California Dept. of Housing and Community Development	8/9/99
David Ranslow, Senior Program Officer, Maine State Housing Authority Energy and Housing Services	8/2/99
Sue Nottingham, Bergen County Dept. of Human Services Bergen County, New Jersey	8/4/99
Linda McKamey, Homeless Assistance Program Manager, Pennsylvania Office of Social Programs	7/29/99

Miscellaneous

Kelly Cronin, Emergency Shelter Commission (City of Boston)	8/17/99
Donna Haig Friedman, Director, Center for Social Policy, McCormack Institute for Public Affairs	8/9/99
Dept. of Veterans' Services Housing Advisory Board (quarterly meeting attendees)	9/30/99

DATE DUE

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